

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

File with:  
 Iowa Ethics and Campaign  
 Disclosure Board  
 510 E. 12<sup>th</sup>, Ste. 1A  
 Des Moines, Iowa 50319  
 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.  
 Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

2010 MAY 17 AM 8:19

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)

Jack Drake for State Representative

IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
 Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC  
 (11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Jack Drake

Political Party (if applicable)

Republican

Office Sought

House of Representative

District (if Senate or House)

57

FORM

DR-2

(Rev. 12/2009)

DISCLOSURE  
REPORT

For Office Use Only

Comm. #

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Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Shirley J. Drake  
 SIGNATURE OF PERSON FILING REPORT

712-778-2538  
 TELEPHONE

5-15-10  
 DATE SIGNED

I AM FILING A May 19, 2010 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
 (report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
 (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

**STATEMENT OF CASH ON HAND**

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 2,157.65

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

6,476.71

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

8,634.36

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

2,205.14

Schedule F: Loan Repayments total (Attach Schedule F)

6,429.22

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES X NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ NONE

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONEY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)Jack Drake For State Representative

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
1-02-10	ID# CK#	Larry Unkrich 1305 Hilltop LN. Fairfield, IA. 52556		\$ 25.00	<input type="checkbox"/>
1-02-10	ID# CK#	David Moody 58404-200th St. Nevada, IA 50201		100.00	<input type="checkbox"/>
1-02-10	ID# CK#	Jerome Vittetoe 2504 Quince Ave Washington, IA. 52353		25.00	<input type="checkbox"/>
1-02-10	ID# CK#	Chat Brennehan 1551 Larch Ave. Washington, IA. 52353		25.00	<input type="checkbox"/>
1-02-10	ID# CK#	Nancy Eichelberger P.O. Box 8 Wayland, IA. 52654		25.00	<input type="checkbox"/>
1-02-10	ID# 9748 CK# 1096	Midwest PAC 1636 NW 114th St. Clive, IA. 50325		100.00	<input type="checkbox"/>
1-06-10	ID# CK#	State Police Officers Council 1630 Lucas Dr Knoxville, IA. 50138		150.00	<input type="checkbox"/>
1-09-10	ID# 6027 CK# 2821	Deere PAC 666 Grand Ave Des Moines, IA. 50309		250.00	<input type="checkbox"/>
1-22-10	ID# CK#	Joy Smith 55546 Wichita Rd Griswold, IA. 51535		50.00	<input type="checkbox"/>
1-22-10	ID# CK#	Ralph Hansen 1109 Elm St. #107 Holland, IA. 51537		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 300.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

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## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
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Jack Drake for State Representative

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1-23-10	ID# CK#	Reva Drake 237 Pearl St. Walnut, IA. 51577	aunt	\$ 50.00	<input type="checkbox"/>
1-23-10	ID# CK#	Harley Ploen 49272 Western Ave Avoca, IA. 51521		50.00	<input type="checkbox"/>
1-23-10	ID# CK#	Barbara Eslick P.O. Box 325 Walnut, IA. 51577		25.00	<input type="checkbox"/>
1-23-10	ID# CK#	Paul Mitchell 310 E. Baker St. Avoca, IA. 51521		50.00	<input type="checkbox"/>
1-23-10	ID# CK#	Shirley Schornhorst 1308 Southridge Dr. Harlan, IA. 51537		50.00	<input type="checkbox"/>
1-23-10	ID# CK#	Fred Hildebrandt 700 North St. Griswold, IA. 51535		25.00	<input type="checkbox"/>
1-23-10	ID# CK#	Lila Hoogeveen P.O. Box 274 Griswold, IA. 51535		100.00	<input type="checkbox"/>
1-28-10	ID# CK#	Nadine Howell 58668 560th St. Atlantic, IA. 50022		50.00	<input type="checkbox"/>
1-28-10	ID# CK#	Dale Myers 1401 Redwood Dr. Atlantic, IA. 50022		100.00	<input type="checkbox"/>
1-28-10	ID# CK#	Mark Daoust 606 Maple St. Atlantic, IA. 50022		50.00	<input type="checkbox"/>
SUB-TOTAL				\$550.00	
TOTAL (If last page of this schedule)				\$	

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## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Jack Drake for State Representative

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
1-28-10	ID# CK#	Bruce Hoegh 3340 Goldfinch Ave Atlantic, IA. 50022		\$ 25.00	<input type="checkbox"/>
1-28-10	ID# CK#	Donna Pellett 2504 Country Oaks Dr. Atlantic, IA. 50022		100.00	<input type="checkbox"/>
1-28-10	ID# CK#	Stanley Zellmer 57053 Highland Rd. Atlantic, IA. 50022		25.00	<input type="checkbox"/>
1-28-10	ID# CK#	Robert Burton 2216 - 1900th St. Irwin, IA. 51446		25.00	<input type="checkbox"/>
1-28-10	ID# CK#	Sandi Richards Box 318 Irwin, IA. 51446		250.00	<input type="checkbox"/>
1-28-10	ID# CK#	Ruth Ann Barry 1933 Rd. 1436 Irwin, IA. 51446		50.00	<input type="checkbox"/>
1-28-10	ID# CK#	Harold Lansman 1208 - 16th St. Hartland, IA. 51537		25.00	<input type="checkbox"/>
1-28-10	ID# CK#	Lloyd Wilson 64200 Jackson Rd Atlantic, IA. 50022		50.00	<input type="checkbox"/>
1-28-10	ID# CK#	Patricia Henkel 409 St. F 32 Panama, IA. 51562		50.00	<input type="checkbox"/>
1-28-10	ID# CK#	Sylvia Schaaf 510 Cass St. Griswold, IA. 51535		25.00	<input type="checkbox"/>
SUB-TOTAL				\$625.00	
TOTAL (if last page of this schedule)				\$	

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)*Jack Drake for State Representative*

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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1-28-10	ID# CK#	Linda Hudson Box 222 Lewis, IA. 51544		\$ 50.00	<input type="checkbox"/>
1-28-10	ID# CK#	Emily Jobe P.O. Box 144 Lewis, IA. 51544		25.00	<input type="checkbox"/>
1-28-10	ID# CK#	Ellie Pelzer 62122 Uphand Rd. Griswold, IA. 51535		5.00	<input type="checkbox"/>
1-28-10	ID# CK#	Kendal Warne 201 Chestnut Atlantic, IA. 50022		50.00	<input type="checkbox"/>
1-28-10	ID# CK#	Fred Hunt 2081 W. 29th St. Atlantic, IA. 50022		100.00	<input type="checkbox"/>
1-28-10	ID# CK#	Eileen Denne 1610 E. 18th St. Atlantic, IA. 50022		25.00	<input type="checkbox"/>
1-28-10	ID# CK#	Gene Leslie 64531 Dunbar Rd. Atlantic, IA. 50022		100.00	<input type="checkbox"/>
1-28-10	ID# CK#	Ruth Stevens 23324-430th St. Oakland, IA. 51560		100.00	<input type="checkbox"/>
1-28-10	ID# CK#	Douglas Leonard 1415 Chestnut Atlantic, IA. 50022		50.00	<input type="checkbox"/>
1-28-10	ID# CK#	Terrance Hummel P.O. Box 706 Oakland, IA. 51560		25.00	<input type="checkbox"/>
SUB-TOTAL				\$530.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

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## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Jack Drake for State Representative

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1-28-10	ID# CK#	Jeanette Knudsen 2227 Hwy 44 Hartlan, IA. 51537		\$ 25.00	<input type="checkbox"/>
1-28-10	ID# CK#	Mrs Dennis Woodin 843 Linden Rd. Hartlan, IA. 51537		25.00	<input type="checkbox"/>
1-28-10	ID# CK#	Geneva Smith P.O. Box 568 Griswold, IA. 51535		50.00	<input type="checkbox"/>
1-29-10	ID# CK#	Gale Vandenberg 1400 Hwy 44 Hartlan, IA. 51537		25.00	<input type="checkbox"/>
1-29-10	ID# CK#	Richard Cook 2500 Palm St. Atlantic, IA. 50022		25.00	<input type="checkbox"/>
1-29-10	ID# CK#	Glenn Olsen 501 West 29 <sup>th</sup> St Atlantic, IA. 50022		50.00	<input type="checkbox"/>
1-29-10	ID# CK#	Henry Olson 1929 Umbrella Rd. Irwin, IA. 51446		25.00	<input type="checkbox"/>
1-29-10	ID# CK#	Royal Bierbaum 67991- 570 <sup>th</sup> St. Griswold, IA. 51535		100.00	<input type="checkbox"/>
1-29-10	ID# CK#	Mrs. Howard Paulsen 50355- 590 <sup>th</sup> St. Atlantic, IA. 50022		75.00	<input type="checkbox"/>
1-29-10	ID# CK#	Raymond Underwood 1315 Poplar Atlantic, IA. 50022		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 425.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

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## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Jack Drake for State Representative

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1-29-10	ID# CK#	Clarence Reinig 648 Hwy 44 Portsmouth, IA. 51565		\$ 25.00	<input type="checkbox"/>
1-29-10	ID# CK#	Betty Voggeset 1007 N. Poplar Dr. Avoca, IA. 51521		25.00	<input type="checkbox"/>
1-29-10	ID# CK#	Duane Fahn 1217 Willow Harlan, IA. 51537		5.00	<input type="checkbox"/>
1-29-10	ID# CK#	Donald Prall 60373 - 630th Atlantic, IA. 50022		25.00	<input type="checkbox"/>
1-29-10	ID# CK#	John Bell 65666 Glenwood Rd. Atlantic, IA. 50022		25.00	<input type="checkbox"/>
1-29-10	ID# CK#	James Tyler 1827 Bryn Mawr Cir. Atlantic, IA. 50022		250.00	<input type="checkbox"/>
1-30-10	ID# CK#	Maxine Brandes 900 Antique City Dr. Walnut, IA. 51577		50.00	<input type="checkbox"/>
1-30-10	ID# CK#	Bernard Buboltz 61404 Richland Rd. Lewis, IA. 51544		25.00	<input type="checkbox"/>
1-30-10	ID# CK#	Mrs. Leon Hoegh 1368 - 340th St. Atlantic, IA. 50022		25.00	<input type="checkbox"/>
1-31-10	ID# CK#	Rolling Hills Bank P.O. Box 588 Walnut, IA. 51577		.23	<input type="checkbox"/>
SUB-TOTAL				\$ 455.23	
TOTAL (# last page of this schedule)				\$	

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(for Schedule A)

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## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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Jack Drake For State Representative

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2-4-10	ID# CK#	Matlin Petersen 2220-1500 <sup>th</sup> St. Kirkman, IA. 51447		\$ 50.00	<input type="checkbox"/>
2-4-10	ID# CK#	Todd Pellett 54880 Fair River Atlantic, IA. 50022		25.00	<input type="checkbox"/>
2-4-10	ID# CK#	Fred Holtz 206 W. Kearney St. Avoca, IA. 51521		25.00	<input type="checkbox"/>
2-5-10	ID# CK#	Lynn Globe 24869-430 <sup>th</sup> St Oakland, IA. 51560		25.00	<input type="checkbox"/>
2-6-10	ID# CK#	Janelle Ruht 26582-570 <sup>th</sup> St Walnut, IA. 51577		50.00	<input type="checkbox"/>
2-6-10	ID# CK#	Margaret Slepisky 2964 Chestnut St. Atlantic, IA. 50022		50.00	<input type="checkbox"/>
2-6-10	ID# CK#	Mrs Floyd Williams 101 E. 32 <sup>nd</sup> St. Atlantic, IA. 50022		50.00	<input type="checkbox"/>
2-6-10	ID# CK#	Haley Rickland 2805 Olive St Atlantic, IA. 50022		100.00	<input type="checkbox"/>
2-6-10	ID# CK#	William Ahrenholtz 2043 Oak Rd. Defiance, IA. 51527		100.00	<input type="checkbox"/>
2-6-10	ID# CK#	Terry Knapp P.O. Box 628 Wattan, IA. 51537		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 525.00	
TOTAL (If last page of this schedule)				\$	

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## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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Jack Drake For State Representative

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2-6-10	ID# CK#	Jerry MeZ 1523 N. Willow Avoca, IA. 51521		\$ 100.00	<input type="checkbox"/>
2-6-10	ID# CK#	Jeanette Mikels 336 Dogwood Loop Portsmouth, IA. 51565		25.00	<input type="checkbox"/>
2-6-10	ID# CK#	Raymond Butt 307 Oregon St. Lewis, IA. 51544		100.00	<input type="checkbox"/>
2-6-10	ID# CK#	Barbara Kunze 305-5th St Griswold, IA. 51535		25.00	<input type="checkbox"/>
2-6-10	ID# CK#	Brent Bietbaum 68122-580th St Griswold, IA. 51535		25.00	<input type="checkbox"/>
2-6-10	ID# CK#	William Spetman P.O. Box 394 Atlantic, IA. 50022		25.00	<input type="checkbox"/>
2-6-10	ID# CK#	Jay Schuster 801 N. Scenic Dr. Oakland, IA. 51560		100.00	<input type="checkbox"/>
2-6-10	ID# CK#	Mahlon Lamp 409 E. 22nd St. Atlantic, IA. 50022		15.00	<input type="checkbox"/>
2-6-10	ID# CK#	Jill Richards Box 293 Irwin, IA. 51446		50.00	<input type="checkbox"/>
2-6-10	ID# CK#	Robert Sharp Box 249 Atlantic, IA. 50022		100.00	<input type="checkbox"/>
SUB-TOTAL				\$565.00	
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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Reset Form

## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Jack Drake for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
2-12-10	ID# CK#	Jim Hansen Box 784 Walnut, IA. 51577		\$ 50.00	<input type="checkbox"/>
2-12-10	ID# CK#	Elaine Betty 1501 E. 10th St Atlantic, IA. 50022		50.00	<input type="checkbox"/>
2-12-10	ID# CK#	Joanne Mueller 605 W. 29th St Atlantic, IA. 50022		100.00	<input type="checkbox"/>
2-12-10	ID# CK#	Marceda Jane Steenbock 703 Apple Rd. Persia, IA 51563		25.00	<input type="checkbox"/>
2-12-10	ID# CK#	Jerald Putnam P.O. Box 298 Griswold, IA. 51535		25.00	<input type="checkbox"/>
2-12-10	ID# CK#	Scott Deter 53926 Durango Rd. Atlantic, IA. 50022		100.00	<input type="checkbox"/>
2-12-10	ID# CK#	Paul Leinen, Jr 1206-23rd St Harlan, IA. 51537		100.00	<input type="checkbox"/>
2-12-10	ID# CK#	Doris Aiken P.O. Box 548 Griswold, IA. 51535		50.00	<input type="checkbox"/>
2-13-10	ID# CK#	Bob Camblin 903 Locust St Atlantic, IA. 50022		100.00	<input type="checkbox"/>
2-19-10	ID# CK#	Charles Griffin 1704 Bryn Mawr Blvd. Atlantic, IA. 50022		20.00	<input type="checkbox"/>
SUB-TOTAL				\$620.00	
TOTAL (If last page of this schedule)				\$	

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## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Jack Drake for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
2-19-10	ID# CK#	Bernard Cox 612 Stevens Ave Tennant, IA. 51537		\$ 50.00	<input type="checkbox"/>
2-19-10	ID# CK#	William Candiff 2002-18 <sup>th</sup> St. Harlan, IA. 51537		25.00	<input type="checkbox"/>
2-19-10	ID# CK#	William Dea 915 N. Frost Ave. Avoca, IA. 51521		100.00	<input type="checkbox"/>
2-19-10	ID# CK#	Duane McFadden 57686 Eastland Rd Marne, IA. 51552		100.00	<input type="checkbox"/>
2-19-10	ID# CK#	Raleigh Woltmann 31937-430 <sup>th</sup> St Avoca, IA. 51521		25.00	<input type="checkbox"/>
2-19-10	ID# CK#	Ralph Klindt 1429 Avoca, IA. 51521		10.00	<input type="checkbox"/>
2-22-10	ID# CK#	Clifford Christensen 56344 Independence Rd Atlantic, IA. 50022		30.00	<input type="checkbox"/>
2-22-10	ID# CK#	Mrs Jerry Lowers 64011 Dunbar Rd Atlantic, IA. 50022		20.00	<input type="checkbox"/>
2-26-10	ID# CK#	Myrna Peters 438 Redwood Rd. Walnut, IA. 51577		10.00	<input type="checkbox"/>
2-26-10	ID# CK#	Theresa Muhlbaue 53567 Hitchcock Ave. Lewis, IA. 51544		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 470.00	
TOTAL (If last page of this schedule)				\$	

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## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY  
RECEIPTS☐ CHECK THIS BOX IF  
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Jack Drake for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
2-27-10	ID# CK#	Phil Madson 1628-400th Harlan, IA. 51537		\$ 10.00	<input type="checkbox"/>
2-27-10	ID# CK#	Bonnie Eggers 300 Border St. Shelby, IA. 51570		25.00	<input type="checkbox"/>
2-28-10	ID# CK#	Keith Harlan 300 W. 22nd St Atlantic, IA. 50022		100.00	<input type="checkbox"/>
2-28-10	ID# CK#	Rolling Hills Bank Box 588 Walnut, IA. 51577		.44	<input type="checkbox"/>
3-5-10	ID# CK#	Lisa Riggs P.O. 332 Elkhorn, IA. 51531		25.00	<input type="checkbox"/>
3-5-10	ID# CK#	Donald Deter 2817 Country Club Dr. Atlantic, IA. 50022		100.00	<input type="checkbox"/>
3-6-10	ID# CK#	Chuck Miller 68343 Scott St. Grisswald IA. 51535		100.00	<input type="checkbox"/>
3-12-10	ID# CK#	Marlys Berry 65111-600th St Jewell, IA. 51544		50.00	<input type="checkbox"/>
3-30-10	ID# CK#	Michael Fara 1848 M St Irwin, IA. 51446		25.00	<input type="checkbox"/>
3-31-10	ID# CK#	Rolling Hills Bank P.O. Box 588 Walnut, IA. 51577		.53	<input type="checkbox"/>
SUB-TOTAL				\$435.94	
TOTAL (if last page of this schedule)				\$	

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)*Jack Drake for State Representative*

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
4-8-10	ID# CK#	Mary Robinette 1132 N. Ave Elliot, IA. 51532		\$ 250.00	<input type="checkbox"/>
4-8-10	ID# CK#	Lisa Contry 1425 Hickory Rd. Holland, IA. 51537		25.00	<input type="checkbox"/>
4-30-10	ID# CK#	Rolling Hills Bank P.O. Box 588 Walnut, IA. 51577		.51	<input type="checkbox"/>
5-14-10	ID# CK#	Mike Henningsen 2802 Country Club Dr. Atlantic, IA. 50022		200.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 475.51	
TOTAL (if last page of this schedule)				\$ 6476.71	

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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**EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

*Jack Drake for State Representative*

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1-11-10	ID# CK#1317	Republican Party of Iowa 621 E. 9th Des Moines, IA. 50309	Contribution	\$ 150.00
1-29-10	ID# CK# 1318	OP Printing 2610 Park Ave. Muscatine, IA. 52761	Print & Mail 1000 Fundraising Letters	1,098.88
2-1-10	ID# CK# 1319	Iowa Western College 705 Walnut St. Atlantic, IA. 50022	Cass County Scholarship Fund	225.00
2-22-10	ID# CK# 1320	U S Post Office Griswold, IA. 51535	100 Stamps Campaign Mailing	441.00
3-5-10	ID# CK# 1321	OP Printing 2610 Park Ave Muscatine, IA. 52761	Print & Mail 1330 Birthday Cards	647.26
4-8-10	ID# CK# 1322	Iowa Western College 2712 - 12th Harlan, IA. 51537	Shelby County Scholarship Fund	40.00
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 2205.14
TOTAL (if last page of this schedule)				\$ 2205.14

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

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(for Schedule B)